# RHODE ISLAND DEPARTMENT OF HEALTH MEDICAL PROVIDER ALERT

# 4 November 2001

## UPDATE TO EMERGENCY DEPARTMENTS AND URGENT CARE CENTERS REGARDING:

- CLINICAL EVALUATION OF PERSONS WITH POSSIBLE INHALATIONAL ANTHRAX
- CLINICAL EVALUATION OF PERSONS WITH POSSIBLE CUTANEOUS ANTHRAX

The two figures which follow this page were extracted from:

Centers for Disease Control and Prevention. Update: investigation of bioterrorism-related anthrax and interim guidelines for clinical evaluation of persons with possible anthrax. *MMWR* 2001;50(43):941-147.

For additional information, please visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5043a1.htm

Update: Investigation of Anthrax — Continued

## FIGURE 2. Clinical evaluation of persons with possible inhalational anthrax

History of exposure, or occupational/environmental risk with 2-5 day illness of: Symptoms Fever with or without chills Sweats, often drenching Fatigue, malaise Cough (usually nonproductive), shortness of breath Chest discomfort, pleuritic pain Nausea, vomiting, diarrhea, abdominal pain Headache, myalgias Sore throat Signs Fever NO YES Observe closely Initial evaluation Provide antimicrobial • Obtain white blood cell count (WBC), chest prophylaxis if exposure radiograph (CR), and blood cultures is confirmed (1) WBC: normal to elevated, neutrophilia with CR: • Mediastinal widening, · Pleural effusion, · Pulmonary infiltrate Consider chest computerized tomography (CT) if CR is normal · Consider rapid diagnostic testing for influenza · Notify public health authorities WBC, CR, CT within Either WBC, CR, CT normal limits and abnormal or patient patient mildly ill moderately/severely ill Observe closely for Begin antimicrobial therapy (2) development of new If pleural effusion present, obtain fluid for gram symptoms stain and culture, polymerase chain reaction, Await blood cultures and cell block for immunohistochemistry\* Initiate or continue If meningeal signs or altered mental status present, prophylaxis (1) perform lumbar puncture Other diagnostic tests<sup>†</sup>

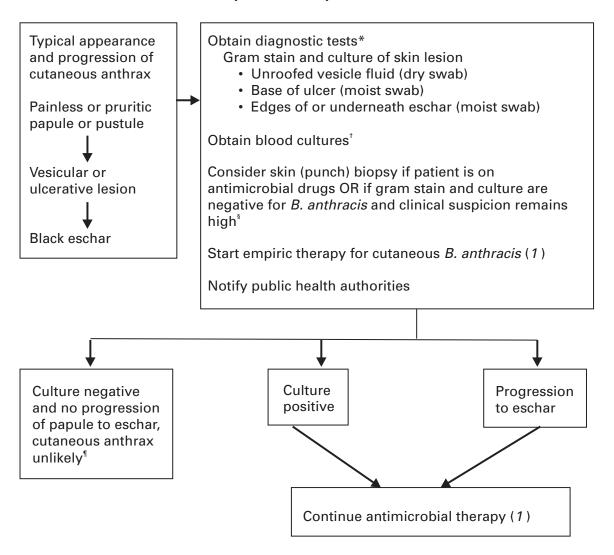
- \* Available through CDC or LRN. Cell block obtained by centrifugation of pleural fluid.
- <sup>†</sup> Serologic testing available at CDC may be an additional diagnostic technique.

#### References

- 1. CDC. Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. MMWR 2001;50:889–93.
- 2. CDC. Update: investigation of bioterrorism-related anthrax and interim guidelines for exposure management and antimicrobial therapy, October 2001. MMWR 2001;50:909–19.

Update: Investigation of Anthrax — Continued

FIGURE 3. Clinical evaluation of persons with possible cutaneous anthrax



- \* Serologic testing available at CDC may be an additional diagnostic technique for confirmation of cases of cutaneous anthrax.
- <sup>†</sup> If blood cultures are positive for *B. anthracis*, treat with antimicrobials as for inhalational anthrax (1).
- § Punch biopsy should be submitted in formalin to CDC. Polymerase chain reaction can also be done on formalin-fixed specimen. Gram stain and culture are frequently negative for *B. anthracis* after initiation of antimicrobials.
- ¶ Continued antimicrobial prophylaxis for inhalational anthrax for 60 days if aerosol exposure to *B. anthracis* is known or suspected (2).

### Reference

- 1. CDC. Update: investigation of bioterrorism-related anthrax and interim guidelines for exposure management and antimicrobial therapy, October 2001. MMWR 2001;50:909–19.
- 2. CDC. Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. MMWR 2001;50:889–93.